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Assistant Commissioner for Patents
Washington, D.C. 20231

B#

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

HM22/0521

JEFFREY J. KING
TOWNSEND AND TOWNSEN AND CREW
TWO EMBARCADERO CENTER 8TH FLOOR
SAN FRANCISCO CA 94111-3834

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Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Kim M Goplen (Depositor's name)
Kim M Goplen (Signature)
8-20-99 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/892,403	07/15/97	016	B. BRUMBACK 1643	05/21/99
First Named Applicant	MURPHY,	35 USC 154(b) term ext. = 0 Days.		

TITLE OF INVENTION PRODUCTION OF ATTENUATED RESPIRATORY SYNCYTIAL VIRUS VACCINES FROM CLONED NUCLEOTIDE SEQUENCES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 17634-000510	424-199.100	T34	UTILITY	NO	\$1210.00	08/23/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend and Townsend and Crew
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

THE GOVERNMENT OF THE UNITED STATES
(A) NAME OF ASSIGNEE OF AMERICA, as represented by the
Department of Health and Human Services
(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Rockville, Maryland

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☐ corporation or other private group entity ☒ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☐ Issue Fee
☐ Advance Order - # of Copies _____

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DEPOSIT ACCOUNT NUMBER 20-1430
(ENCLOSE AN EXTRA COPY OF THIS FORM)

☒ Issue Fee
☒ Advance Order - # of Copies 10

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

Brian W. Poon Reg. No. 32,928

20 August 1999

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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08/24/1999 HHS/SAW 00000090 201430 08892403
01 FC:142 1210.00 CH
02 FC:561 30.00 CH

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AUG 26 1999

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UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY OF COMMERCE AND
COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS
FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 8/892403

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
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Sm./Lg.

Sm. Entity

Lg. Entity

Basic Filing Fee

201/101

770

Total Claims >20

203/103

78 -20 = 58 X

1276

Independent Claims >3

202/102

7 -3 = 4 X

320

Mult. Dep Claim Present

204/104

260

Surcharge

205/105

130

English Translation

139

TOTAL FEE CALCULATION

2756

Fees due upon filing the application:

Total Filing Fees Due = \$ 2756

Less Filing Fees Submitted - \$ Ø

BALANCE DUE = \$ 2756

Office of Initial Patent Examination